



Juvenile Post-Conviction and Reentry Unit  
Office of Chief Public Defender  
30 Trinity Street 4<sup>th</sup> Floor  
Hartford, CT 06106

## **POST CONVICTION REFERRAL FORM**

Docket No. \_\_\_\_\_

Name \_\_\_\_\_ DOB    /    /

Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Commitment    /    /      Expiration    /    /

Date Client was Canvassed (if different than commitment start date)    /    /

Dual Committed    Y / N      SJO    Y / N

Charges \_\_\_\_\_

Attorney \_\_\_\_\_ Contact Person in Office \_\_\_\_\_

Facility \_\_\_\_\_ Parole Officer \_\_\_\_\_ Judge \_\_\_\_\_

Advisement by Court \_\_\_\_\_

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Special Concerns and Prior Commitment History\_\_\_\_\_

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\_\_\_\_\_ This office will provide all post conviction representation for the client

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)